

FILED JAN 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 1565
Registrar's No. 5

BIRTH NO. 0500		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5594		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MISSOURI b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - MERAMEC				c. LENGTH OF STAY (in this place) 13 YEARS			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hill Inf.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIVERSITY CITY			
				d. STREET ADDRESS (If rural, give location) 7361 PRINCETON AVE. 1			
3. NAME OF DECEASED (Type or Print)		a. (First) John		b. (Middle) HELM		c. (Last)	
4. DATE OF DEATH		(Month) (Day) (Year)		JANUARY 22 1950			
5. SEX M O		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL 14 1860	
9. AGE (In years last birthday) 89		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MANUFACTURER		10b. KIND OF BUSINESS OR INDUSTRY METALWARE		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. D	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME HENRY HELM		13b. MOTHER'S MAIDEN NAME ELIZABETH ENBERLING		14. NAME OF HUSBAND OR WIFE MARY SHELLEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Brother Rich St. Joseph's Hill Inf. - Curator		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC INSUFFICIENCY ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) ARTERIO-SCLEROTIC CARDIO-VASCULAR DISEASE & APHASIA DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 111-3X 7-20 AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9/26, 1941, to 1/20, 1950, that I last saw the deceased alive on 1/20, 1950, and that death occurred at 7:00 P. m., from the causes and on the date stated above.							
23a. SIGNATURE R. Mander MD (Degree or title)		23b. ADDRESS 5155 No. Vandeventer St. St. Louis		23c. DATE SIGNED 1/22/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 25 1950		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.	
DATE REC'D BY LOCAL REG. Jan. 24 1950		REGISTRAR'S SIGNATURE Mrs. Ruth J. Jasso 438		25. FUNERAL DIRECTOR'S SIGNATURE KRIEGSHAUSER 4228 S. KINGSHIGHWAY		ADDRESS ST. LOUIS, MO.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 1-30-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Richard W. Storaasund

Signed _____

Student Embalmer

Licensed Embalmer No. 4007

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.